



**PATIENT**

Toby Reyes

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MI

**AGE**

2yr

**WEIGHT**

32.0lb

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dr. Alicea

**INVOICE**

11779ag

**DATE**

10/03/2022

**PRESENTING CLINICAL SIGNS**

Pt presented as an urgent ultrasound from the emergency clinic for further evaluation as pt has not improved and worsen beside treatment at the EC for severe bloody diarrhea, tense abdomen, anorexia. Wanted to rule out possible GI FB. Pt has diarrhea since 3 days ago. has not improve with medication (Metronidazole, Unasyn, Cerenia, Pantoprazole, Sucralfate, Panacure)

Abnormal PE/Chem/CBC/UA Results: W: 32.5# T: 92F, P: 36bpm PE: Lethargic , depressed, bradycardic, hypothermic. Melena Chem AMYL: 496 U/L (500-1500) Bun/Urea: 62 mg/dL ( 7 - 27 ) CHOL: 72 mg/dL ( 110 - 320 ) Crea: 2.5 mg/dL (0.5 - 1.8 ) Glu : 64 mg/dL ( 74 -143 ) PHOS: 7.9 mg/dL (2.5 - 6.8) CBC BASO : 0.12 K/uL (0-0.10) HCT : 69 % (37.3 - 61.7) HGB : 24.9 g/dL (13.1 - 20.5) MPV : 13.8 fL(8.7 - 13.2 ) nRBC Suspected RBC : 10.78 M/uL (5.65 -8.87) WBC : 16.98 K/uL (5.05 - 16.76) NEUT : 12.81 K/uL (2.95 - 11.64)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.1 cm x 2.0 cm. Overall an expected presentation for an intact male canine without evidence of prostatitis.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 2.4 cm length.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



<b>PATIENT</b>	
Toby Reyes	The gallbladder was mildly subnormal in size with non-specific mild hyperechoic non-thickened walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.96 cm width. Mild gastric distension with primarily anechoic fluid was present.
<b>BREED</b>	
Mixed	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Generalized duodenal and segmental jejunal mild non-obstructive ileus pattern was present. Mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
<b>SEX</b>	
MI	The colon walls presented intact yet prominent wall layering with mild to moderate thickened to echogenic submucosa. Soft to non-formed fecal matter was present in the colon lumen with lumen dilation
<b>AGE</b>	<b>Pancreas</b>
2yr	The pancreas was subtly prominent to hypoechoic in appearance compared to the adjacent peripancreatic omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.
<b>WEIGHT</b>	<b>Free Abdomen</b>
32.0lb	No omental masses or peritoneal effusion was present.
<b>INTERPRETED BY</b>	Focal, mildly prominent to enlarged medial iliac and mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.6 cm x 0.57 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Ferrer	<ul style="list-style-type: none"> <li>• Generalized gastroenterocolitis pattern with moderate gastritis</li> <li>• Associated subjectively benign/reactive mesenteric and medial iliac lymphadenopathy</li> <li>• Possible concurrent mild pancreatitis</li> </ul>
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Paseos Veterinary Center	Considerations for the gastroenterocolic presentation may include acute hemorrhagic diarrhea syndrome, infectious gastroenterocolitis, dietary indiscretion, gastroenterotoxic insult or other inflammatory gastroenterocolopathy with occult infiltrative neoplasia considered unlikely. No indication for immediate surgical intervention given no evidence of foreign material or obstructive pattern.
<b>REFERRING VET</b>	Hospitalization with aggressive therapy for acute hemorrhagic diarrhea syndrome with as needed GI supportive care, antibiotic therapy given the patient's diarrhea, +/- plasma expanders if clinically indicated in light of the patient's hypothermia and bradycardia and assessment of clinical response is recommended.
Dr. Alicea	Although considered less likely, a resting cortisol level +/- ACTH stim test if resting cortisol is <2.0 is suggested to rule out occult Addison's disease. If persistent/progressive GI signs despite supportive care,
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a recheck sonogram, a GI panel to include PLI/TLI/Cobalamin/Folate and possible GI endoscopic biopsies may be considered pending additional diagnostics and clinical response.

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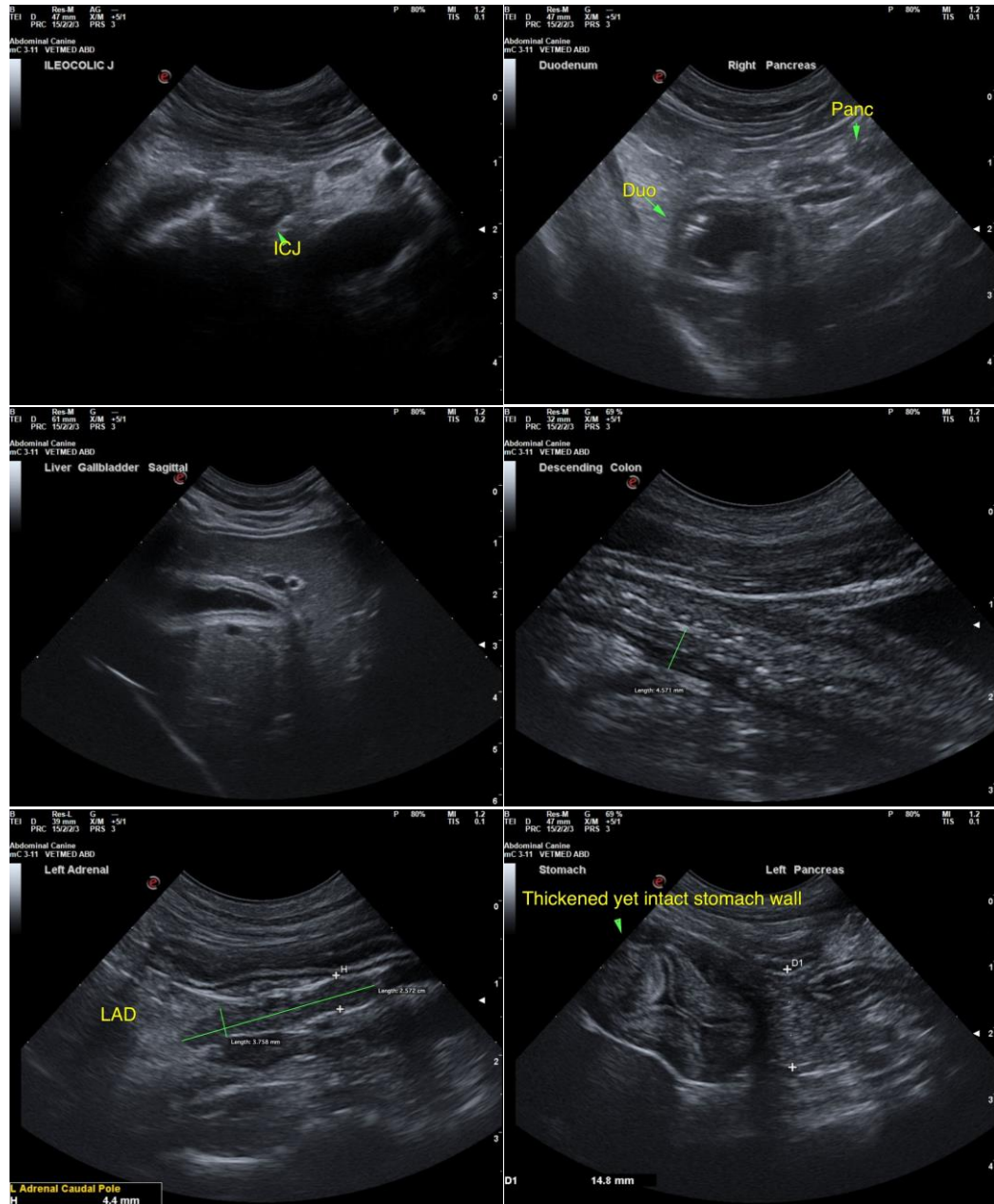
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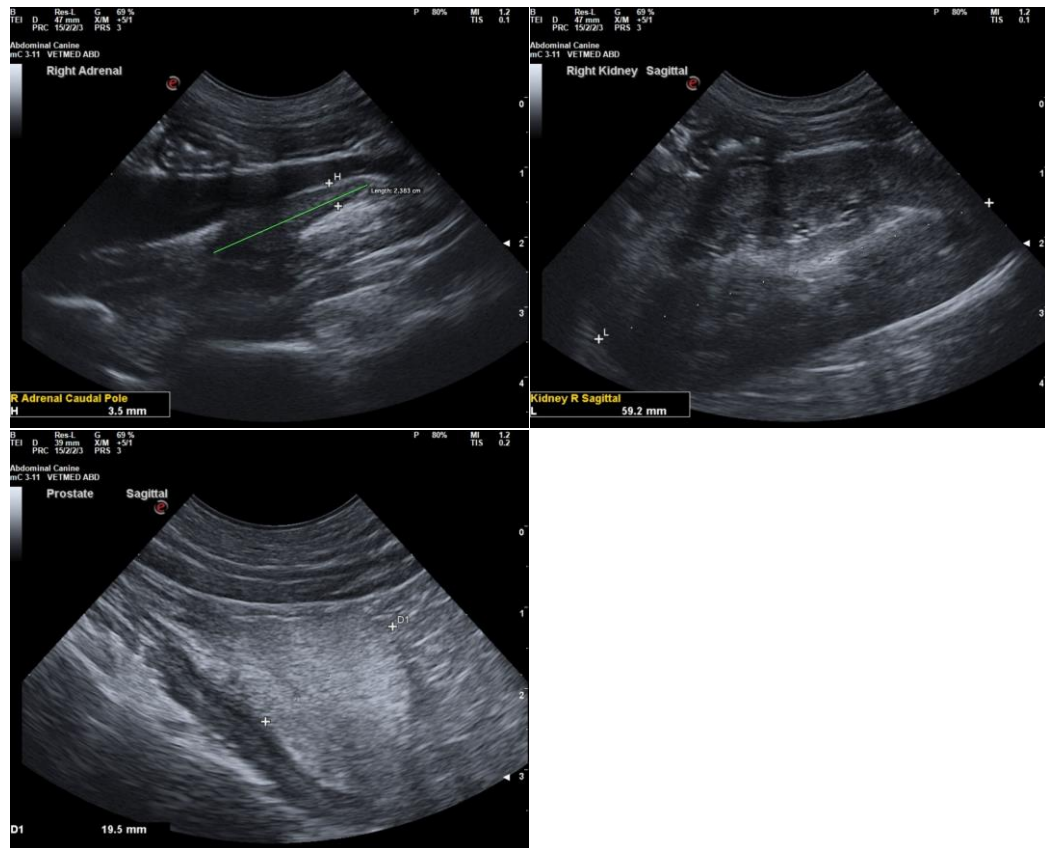
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com